

Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.

Oral and Maxillofacial Surgery

1223 HERMANN PROFESSIONAL BLDG.

HOUSTON, TEXAS 77025

Telephone JA. 6-1529

DEAR

Dub

THANK YOU FOR REFERRING

Jeff Konen

REGARDING

Imp 3<sup>rd</sup> molars

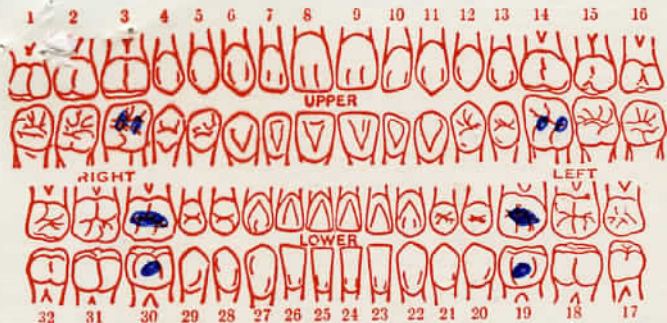
REMARKS

will do just as

soon as he graduates -

SINCERELY YOURS

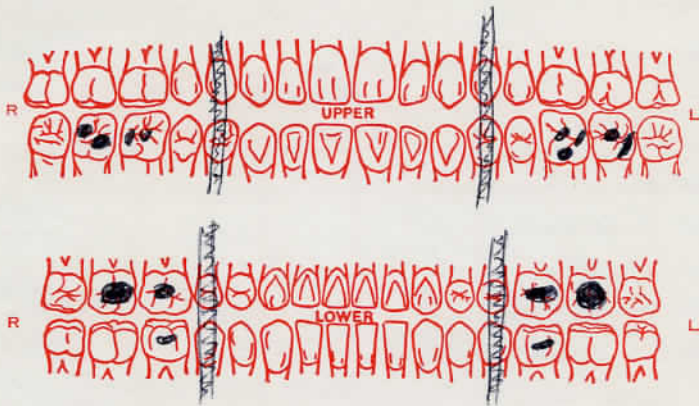
D Gordon



Name Konen, Jeff  
 Address 3635 Glen Haven  
 Telephone 3118 Underwood  
 Reference H. J.  
 Estimate \_\_\_\_\_

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
11-28-58		#24 <sup>1</sup> / <sub>2</sub> , #25 <sup>1</sup> / <sub>2</sub> - Ext		6 00			6 00
12-5-58		#20 <sup>1</sup> / <sub>2</sub> - 0 - Am		8 00			14 00
					1-19-59	14 00	—
8-25-59		Propy lavis		5 00			
		#29 <sup>3</sup> / <sub>4</sub> - 0 - Am		8 00			13 00
					9-2-59	13 00	—
11-1-60		#3-0 <sup>2</sup> -am		6 00			
		#14-0 <sup>2</sup> -am		6 00			

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
		Prophy laxis		5 00			17 00
					12-8 60	17 00	—
7-27-62		Prophy laxis		6 00			6 00
7-30-62					8-21 62	6 00	—
12-21-62		Frenectomy		25 00			25 00
12-28-62					1-18 63	25 00	—
7-18-63		Prophy laxis		6 00			6 00
7-29-63		#19-0 + E - am		10 00			
		#30-0 + E - am		10 00			26 00
8-1-63					9-14 63	26 00	—
8-29-63							
9-28-63							
10-4-63		1 X-ray		3 00			3 00
10-29-63					11-13 63	3 00	—
7-22-64		Prophy laxis		7 00			7 00
2-27-64							



DECIDUOUS



ESTIMATE

REFERENCE

NAME

Jeff Koren

PHONE

ADDRESS

3118 Underwood.

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
8-5-64		#1 $\frac{1}{2}$ , #10 $\frac{1}{2}$ ext.		10 <sup>00</sup>			17 <sup>00</sup>
					8-17-64	8 <sup>00</sup>	9 <sup>00</sup>
8-26-64	St.				9-9-64	9 <sup>00</sup>	
8-2-65		Prophylaxis		7 <sup>00</sup>			
		#2, 0, am		6 <sup>00</sup>			
		#15, 0, am		6 <sup>00</sup>			19 <sup>00</sup>
8-6-65		#5, #12, #20, #29, Ext.		40 <sup>00</sup>			59 <sup>00</sup>
8-26-65	St				9-16-65	59 <sup>00</sup>	
6-28-65		Oral Exam		3 <sup>00</sup>			3 <sup>00</sup>
7-15-66					7-25-66	3 <sup>00</sup>	
6-9-67		#38, 0, am + anes + dyed		10 <sup>00</sup>			10 <sup>00</sup>
					7-10-67	10 <sup>00</sup>	

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
7-23-68		Prophyllaxis.		10 <sup>00</sup>			10 <sup>00</sup>
7-25-68	SV				9-4-68	10 <sup>00</sup>	<del>0</del>
8-26-68	SV						
8-28-69		Prophyllaxis.		12 <sup>00</sup>			
9-2-69		#14. I, Am. e Anes		8 <sup>00</sup>			
		#15 O, Am e Anes		8 <sup>00</sup>			
		#31. O am i <sup>one</sup> dycal		15 <sup>00</sup>			43 <sup>00</sup>
9-8-69		#2. O, Am e Anes		10 <sup>00</sup>			53 <sup>00</sup>
					9-19-69	12 <sup>00</sup>	41 <sup>00</sup>
9-25-69	SV				10-14-69	41 <sup>00</sup>	<del>0</del>

W. J. SCHOVERLING, D.D.S., M.S.D.  
 PRACTICE LIMITED TO ORTHODONTICS  
 3931 ESSEX LANE — MOHAWK 5-7400  
 ESSEX PROFESSIONAL BUILDING  
 HOUSTON 27, TEXAS

8-21 1965

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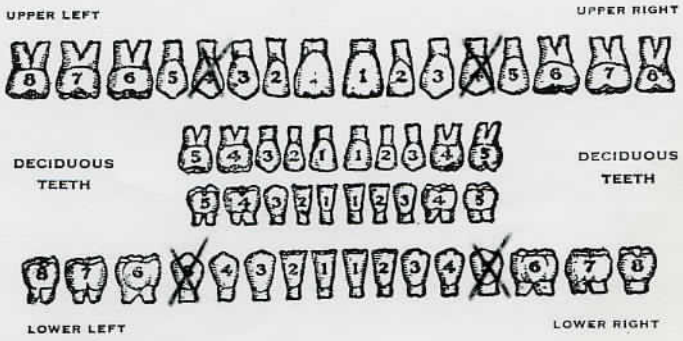
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Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff Korman*



*Mama Shanks, D.D.S.*

W. J. SCHOVERLING, D. D. S.  
 PRACTICE LIMITED TO ORTHODONTICS  
 3931 ESSEX LANE — 621-3155  
 HOUSTON, TEXAS 77027

5-5-70

19

Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff Hanna*

UPPER LEFT

UPPER RIGHT



DECIDUOUS  
TEETH



DECIDUOUS  
TEETH

LOWER LEFT

LOWER RIGHT



*Hanna Hanna*

W. J. SCHOVERLING, D.D.S., M.S.D.  
 PRACTICE LIMITED TO ORTHODONTICS  
 3931 ESSEX LANE — MOHAWK 5-7400  
 ESSEX PROFESSIONAL BUILDING  
 HOUSTON 27, TEXAS

8-11 1965

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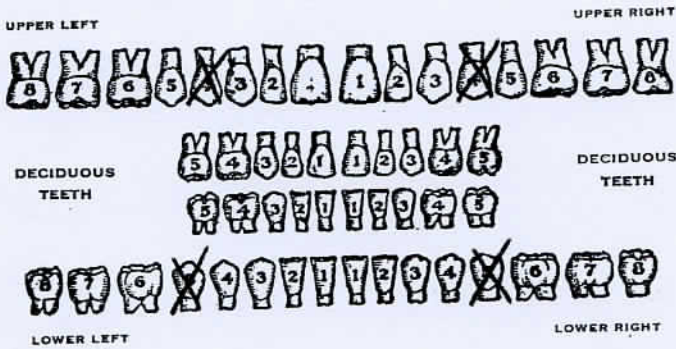
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Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff Korman*



*Mama Shanks, D.D.S.*



W. J. SCHOVERLING, D.D.S., M.S.D.

PRACTICE LIMITED TO ORTHODONTICS

3931 ESSEX LANE MOHAWK 5-7400  
ESSEX PROFESSIONAL BUILDING  
HOUSTON 27, TEXAS

October 12, 1965

Mr. H. J. Konen  
3118 Underwood  
Houston, Texas

Dear Mr. Konen:

As is my custom, I am sending this memorandum of the financial arrangement for the treatment of the malocclusion of **Jeff's** teeth, that you may have it for future reference.

The fee for the active treatment will be **\$850.00** with an initial payment of **\$100.00**, and **\$25.00** each month until the entire amount has been paid. There will be an additional fee should the patient require extended treatment due to an accident, or at the end of treatment when retaining appliances are placed, if they are broken or lost due to negligence.

There is no way of knowing the length of time it will require to complete a case. Some teeth move faster than others and some cases are more complicated than others.

We examine the teeth very carefully for cavities, chart same, and give the chart to the patient, however, we cannot be held responsible for cavities. **Jeff** should see **his** general dentist at least every six months for an examination.

**He** must wear the appliance, follow all of my instructions, keep **his** appointments and take good care of **his** teeth as to proper cleaning, especially before retiring. I must ask for the cooperation of both patient and parents in order to obtain the desired results.

Please acknowledge receipt of this memorandum with your signature in the space provided on pink copy and return for our files.

If there are any further questions regarding the case, please feel free to contact me.

Sincerely,

  
Dr. W. J. Schoverling

WJS/w

I acknowledge receipt of the above memorandum.

  
Signature of Parent

October 13, 1965  
Date

W. J. SCHOVERLING, D.D.S.  
 PRACTICE LIMITED TO ORTHODONTICS  
 3931 ESSEX LANE — 621-3155  
 HOUSTON, TEXAS 77027

5-5-70 19  

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Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff Williams*



*Wm. Williams*  
*Owner*

DANIEL GORDON WALKER, D.D.S., M.D.

*Oral and Maxillofacial Surgery*

1223 HERMANN PROFESSIONAL BLDG.

HOUSTON, TEXAS 77025

June 19, 1970

Dr. W. J. Schoverling  
3931 Essex Lane  
Houston, Texas 77027

Dear Dub:

Thank you very much for referring Jeff Konen to me for removal of four impacted third molars. This procedure was carried out at the Methodist Hospital under general anesthesia on June 6, 1970. His postoperative course has been uncomplicated and I dismissed him to return to you for continued orthodontic care on June 17, 1970.

Thank you again for permitting me to work with you on this nice patient.

With kindest personal regards, I am

Sincerely yours,



Daniel Gordon Walker, D.D.S., M.D.

Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.  
Oral and Maxillofacial Surgery  
1223 HERMANN PROFESSIONAL BLDG.  
HOUSTON, TEXAS 77025

Telephone JA. 6-1529

DEAR *Dub*

THANK YOU FOR REFERRING

Jeff Konen

REGARDING

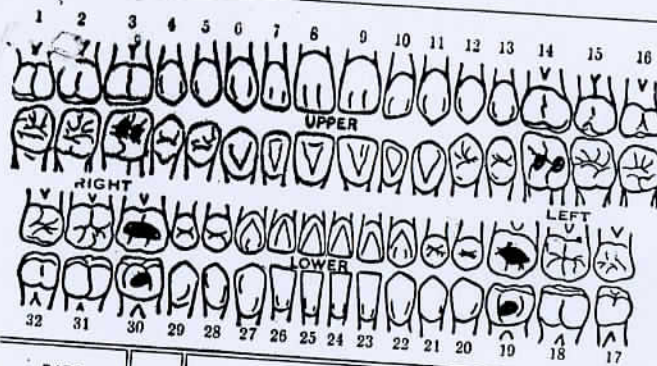
*3rd molars*

REMARKS

*Will do just as soon as he graduates -*

SINCERELY YOURS

*Gordon*



Name Koren, Jeff  
 Address 8635 Alton Avenue  
 Telephone 3118 Underwood  
 Reference H. J.  
 Estimate

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
11-28-58		#24 <sup>1</sup> / <sub>2</sub> , #25 <sup>1</sup> / <sub>2</sub> - Ext		6 00			6 00
12-5-58		#20 <sup>1</sup> / <sub>2</sub> - 0 - Am		8 00			14 00
8-25-59		Propylaxis		5 00	1-19-59	14 00	
		#29 <sup>1</sup> / <sub>2</sub> - 0 - Am		8 00			13 00
11-1-60		#3-0 <sup>2</sup> / <sub>2</sub> - Am		6 00	9-2-59	13 00	
		#14-0 <sup>2</sup> / <sub>2</sub> - Am		6 00			

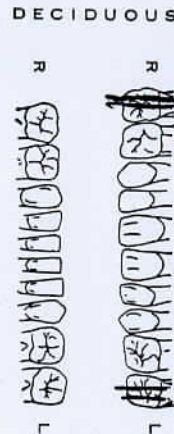
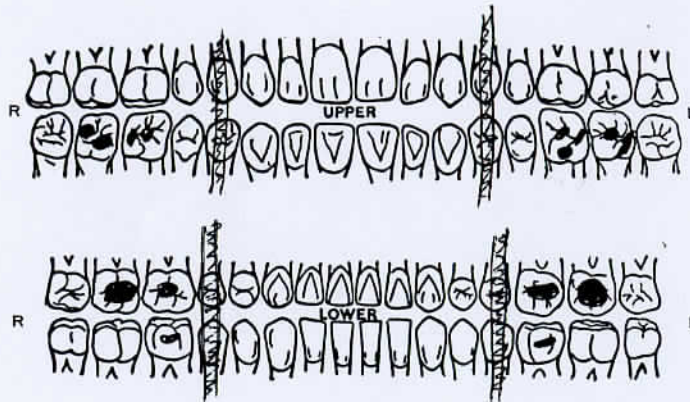
THE KOHLHAAS CO., CHICAGO

IN REORDERING SPECIFY "FORM 0020 NUMBERED NOT PUNCHED"

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
		Prophy laxis		5 00			17 00
7-27-62		Prophy laxis		6 00	12-8-60	17 10	—
7-30-62					8-21-62	6 00	—
12-24-62		Trenchotomy		25 00			25 00
12-28-62					1-18-63	25 00	—
7-18-63		Prophy laxis		6 00			6 00
7-29-63		#19-0+E-am		10 00			
		#30-0+E-am		10 00			26 00
					9-14-63	26 00	—
9-24-63							
9-28-63							
10-4-63		1 X-ray		3 00			3 00
10-29-63					11-13-63	3 00	—
7-22-64		Prophy laxis		7 00			7 00
7-27-64							

THE KOHLHAAS CO., CHICAGO

IN REORDERING SPECIFY "FORM 0020 NUMBERED NOT PUNCHED"



ESTIMATE

REFERENCE

NAME

Jeff Koren

PHONE

ADDRESS

3118 Underwood.

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
8-5-64		#12, #10 <sup>1/2</sup> ext.		10 <sup>00</sup>			17 <sup>00</sup>
					8-17-64	8 <sup>00</sup>	9 <sup>00</sup>
8-26-64	St.				9-9-64	9 <sup>00</sup>	-
8-2-65		Prophylaxis		7 <sup>00</sup>			
		#2, 0, am		6 <sup>00</sup>			
		#15, 0, am		6 <sup>00</sup>			19 <sup>00</sup>
8-6-65		#5, #12, #20, #29, Ext		40 <sup>00</sup>			59 <sup>00</sup>
8-26-65	St				9-16-65	59 <sup>00</sup>	-
6-28-65		Oral Exam		3 <sup>00</sup>			3 <sup>00</sup>
7-15-66					7-25-66	3 <sup>00</sup>	-
6-9-67		#38, 0, am e Anes + dyed		10 <sup>00</sup>			10 <sup>00</sup>
					7-10-67	10 <sup>00</sup>	-

Name Konen, Jeff Age \_\_\_\_\_ Date \_\_\_\_\_ Case No. Red

Parents H. J. Konen

Business Addr. \_\_\_\_\_ Phone \_\_\_\_\_

Residence 3118 Underwood Phone ██████████

Dentist Dr. Stovall M. D. ██████████

Reference \_\_\_\_\_ School \_\_\_\_\_

**BAND RECORD**

UL	UR
7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7
LL	LR
UL	UR
7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7
LL	LR

**CASE ANALYSIS**

1. Med. line \_\_\_\_\_
2. X-ray F.M. \_\_\_\_\_ H. P. \_\_\_\_\_
3. Photos \_\_\_\_\_ Class \_\_\_\_\_
4. Overbite \_\_\_\_\_ Openbite \_\_\_\_\_

Prognosis \_\_\_\_\_ Etiology \_\_\_\_\_

5-22-68 XRAYs RETURNED TO FILES

**TREATMENT OUTLINE**

Ma.	9/14	10/21
	9/23	
	9/30	
	10/7	
	10/14	

**NOTES**

*4/2*  
*5*  
*R.M. 446*

**Ledger Sheet**

**TREATMENT RECORD**

DATE		DATE	
9-14	Broken S.C.		
9-23	S.H.U.T. 3/27		Try Bands
9-30	Imp. for Upper + Lower Bands		C 64/46
10-7	C 8/11/6		C 65/56 Try Hand
10-14	C 65/56 Try Hand		C 32/123 Try Hand
10-21	C 32/123 Arch Bandy		018/476
	016/4	11-18	
11-18	018/476	12-23	0194026 2 G band.
12-23	019x026 2 G 1 end	1-20	act loops
1966		2-9	019x026 2 G 1 end 32/123 014
1-20	act loops	3-4	act loops to into 12
2-9	C upper bands 0140. act loops	3-12	016/47 upper
3-4	act loops + Brackets	4-15	018/47 upper
3-18	016/47 upper act loops	5-7	018/47 upper
4-15	016/47 upper act loops	5-31	019x026 upper 1 end
5-5	act loops	6-24	act loops - 1st loop to
5-31	019x026 upper 1 end	7-15	act loops
6-24	act loops	8-12	act loops
7-15	act loops	9-1	
8-12		9-29	shift band to Rt-act loops
9-1	act loops	10-27	shift upper arch act loops
9-29	act loops to Rt - act loops	11-22	act loops
10-27	act upper upper	12-13	act loops
11-22	act loops	1-10	act loops
12-13	act loops		
1967			
1-11	019x026 1 G 1 end	2-8	act loops
2-8	act loops	3-2	act loops
3-3	act loops	3-22	act loops
3-22	act loops	4-21	019x026 upper act loops
4-21	act loops	5-9	act loops
5-9	act loops	6-7	act loops main 019x026
6-7	act loops	6-23	act loops



TREATMENT RECORD

DATE		DATE	
6-30	Broken - checked	7-13	
7-21	act lamp 3.00	8-9	BTC 717 change beam
8-9	B-C-77 from 6 to 0.42		ex rate. 014 frame
8-30	016HTL	8-31	016HTL act lamp
9-22	018HTL RWy 31	9-22	018HTL
10-25	020 HTL	10-25	020-31
12-1	019x 026	12-1	019x 026
12-21	1.18 HTL RWy on 31	12-21	single Lk 3 - to back beam
1968		1-18	ck
1-18	unl. connected	1-24	
1-24	0 lamp	2-21	0.9x 026 upper 1.6k
2-21	replace app	3-19	0.75 chert
3-19	2x 0.1 in left side	4-9	ck
4-9	no more elastics	5-2	ck
5-21	1 2x in left side also	5-24	ck
5-24	ck - no more elastics	6-13	ck
6-13	ck		D.R.B
7-13	B.G. imp nuts	7-16	D. Ret
7-16	Mount set	8-13	ck
8-13	ck	10-15	adi
10-15	ck		recall 6 months
4-25	600 ed	4-25	Recall April
7-2	Imp set (last) 35.00 ✓	7-2	Recall October 6 mo
7-9	Mount set	7-9	
10-24	Imp Hammer 35.00 ✓	10-31	Mount Hammer - 6 months recall
10-31	Mount 14 mm	4-21	Recall April 1970
4-21	x RWy 418 - mail give		4 weeks 2 sec & 4 sec -
4-28	Imp set - 35.00 ✓	5-4	Mount set
5-1	Broken - card sent		
	insulation cable removed & imp & set cable chert		
	Wald to Stovall. He is sending to Gordon		
5-13	Mount set		
6/12/70	X-rays returned from Dr. Walker		Recall November